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# KENT COUNTY COUNCIL

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EDUCATION COMMITTEE

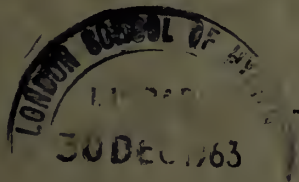
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## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

For the Year 1940.



CONSTANT PONDER, M.A., M.D., D.P.H.  
*School Medical Officer*

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# KENT COUNTY COUNCIL

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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
MAIDSTONE  
*March 20th, 1941*

**To the Chairman and Members of the Kent Education Committee**

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith Dr. Fox's report upon the work of medical inspection and treatment of school children in the County of Kent, for the year ended 31st December, 1940.

As a result of the war and the need for all possible economy, the report is reduced to the bare requirements of preserving an annual record of statistics and of such matters as it would seem desirable specially to emphasize.

In my last Annual Report I drew special attention to the obvious advantages to health resulting from the opportunity given to children to enjoy the more open air life and country food following evacuation from urban conditions. Dr. Fox has again stressed this effect from his observations of the children during the second war year. This lesson must not be forgotten when more normal conditions obtain.

In the near future it is probable that problems of nutrition will become more difficult as a result of increased shortage in food supplies, and it seems inevitable that if the best results are to be obtained with the food stuffs available, more extensive communal feeding will become necessary for all classes. Such development will also be required in connection with schools if deterioration of physique in children is to be avoided.

A very important and far-reaching measure introduced by the Government in January 1940 was the encouragement of universal immunization against Diphtheria, by the provision of free vaccine to Local Authorities. In June 1939 the Public Health Committee of the County Council introduced a campaign in the County to try to develop this very valuable preventive measure. From then onwards every opportunity has been employed by all of us interested to get the Ministry of Health to move in the matter, because it was realised that with evacuation in view the opportunities for the spread of Diphtheria would be much increased. Now, at last, this valuable weapon has been placed in our hands and there is no reason why, if it is employed with full energy, that the dire results of this disease may not become a thing of the past as has indeed been the case, for example, in certain large Canadian cities. The work of immunization has been taken up with varying degrees of enthusiasm depending on the energy of the Medical Officer of Health and the interest taken by his Council in the subject, but on the whole the general public have shown an intelligent co-operation and the work is proceeding well. I would like to express my great appreciation of the assistance given by your administrative staff and the school teachers. It is undoubtedly the case that where immunization has been most successful it has been largely due to the fact that permission has been given to utilize the school as a centre for propaganda and for providing facilities for carrying out the work. Already in one town of 21,000 inhabitants over 2,800 children and in another of 22,500, about 1,400 children, have been immunized. These results are amongst the best in the County and it is of interest to note that in each of these towns the Medical Officer of Health is also a part-time School Medical Officer on your staff.

In general, the work of the school medical service has been satisfactorily maintained during the difficult times in which we are living. In obtaining this result I express my grateful thanks to Dr. Fox and all members of your medical, dental, nursing and clerical staff, as also to those who have given such willing assistance on the administrative and teaching side.

Finally, I recognize gratefully the invariable support and encouragement which I receive at all times from every member of your Committee.

I am, Mr. Chairman, My Lords, Ladies and Gentlemen,

Yours obediently,

CONSTANT PONDER,

*School Medical Officer.*

## REPORT ON THE MEDICAL INSPECTION and TREATMENT OF SCHOOL CHILDREN

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The year 1940 began with a continuance of the endeavour to augment the staff of the School Medical Service sufficiently to extend the facilities provided by this service to the children evacuated from London and certain autonomous areas of Kent. During the year, perhaps the chief feature has been the effort of trying to adapt the organisation of the service to meet the needs created indirectly by the changing military situation, more especially the occupation by the enemy of the French Channel Ports.

*The National Emergency.*—In May, 1940, Sheerness was made an evacuating area, and shortly afterwards the coastal districts from Margate to Lydd. On 19th May, 1940, the London County Council on instructions from the Ministry of Health started to withdraw their children billeted on the coast, as did the Medway towns. In December, Penge and part of Beckenham became evacuating areas and 130 secondary school children registered for evacuation from these areas. By the end of the year, it is estimated that 7,000 evacuees remained in the County, and that 8,800 children ordinarily resident in the Committee's area had left for parts of the Country expected to be safer. On balance, therefore, there is little change from the normal total school population.

Schools in the coastal area and some of those in other evacuation areas have been closed since June, but at the end of the year, many of them were being re-opened in an experimental way.

The Committee originally decided to provide air-raid shelters only in the more thickly populated areas and those deemed to be especially dangerous, but by the middle of the year, aerial activity all over the County increased so much that it was decided to provide them for all schools. Difficult problems arose in connection with the heating, lighting and ventilation of shelters and still more difficult in rendering them weather-proof. These refuges are not shelters only, but are also in use during air-raids as classrooms and for medical inspection, when conditions permit.

### STAFF.

#### *Additions.*

Temporary Assistant School Medical Officers	.....	Doctors H. Denholm-Young and S. R. Leighton. Doctors K. Butterfield, J. Marshall and F. Wolverson (part-time).
Permanent Assistant School Medical Officers	.....	Doctor H. Denholm-Young.
Temporary Dental Surgeons		Misses E. C. Boss, D. Elvy and E. Mahler. Mr. I. S. Cardell. Mr. W. Griffiths (part-time).
Permanent Dental Surgeons		Mr. W. W. F. Dawe (from H.M. Forces).

#### *Departures—*

Temporary Assistant School Medical Officers	.....	Doctors H. Denholm-Young and S. R. Leighton.
Permanent Assistant School Medical Officers	.....	Doctors J. Selfe, A. Simpson and N. W. Holloway. Doctor E. Bowie, Ophthalmic Surgeon. Doctors D. McCarthy and J. Fahey (part-time).
Temporary Dental Surgeons		Miss D. Elvy. Mr. W. Griffiths (part-time).
Permanent Dental Surgeons		Mr. B. M. A. Gilbert and Mr. A. C. MacDougall (to H.M. Forces).



Five School Nursing Sisters were transferred temporarily by the London County Council, but four returned during the year. One more permanent Health Visitor was appointed.

The total result of all these changes is that at the end of the year the service is three Medical Officers below strength compared with that of normal times, whilst the number of Dental Surgeons is the same as approved before war began. The deficiency in the number of doctors is of recent origin and it is hoped will be remedied early in the New Year. There has been little interference with the work on this account. Indeed the staff cannot be employed fully at all times because of interference by air-raids and difficulties arising from abnormal school attendance.

*Medical Inspection.*—Closure of schools in the evacuation areas has naturally led to difficulties in the supervision of individual children, and some anxiety has been felt with regard to the possibility of the spread of contagious conditions. The nurses, however, knew most of the families who require constant supervision and there has been no undue prevalence of these conditions. With the opening of small classes in the coastal areas, this supervision will be made easier and medical inspection will start again.

The use of shelters, sometimes crowded, often ill-ventilated, damp and cold, might be expected to increase the spread of infectious disease, but at the time of writing there is little or no evidence of this effect. The local Sanitary Authorities are encouraging a demand for immunization against diphtheria, and the Kent Education Committee are in the movement by inviting the co-operation of their staff and offering the use of school buildings.

In neutral and receiving areas, the work of medical inspection has proceeded with surprisingly little interruption considering the large number of air-raids and threats of raids which have occurred. Treatment, too, has gone on almost without reference to aerial conditions. At ophthalmic and dental clinics, parents seldom accept the option of retiring with their children to the air-raid shelters.

#### FINDINGS OF MEDICAL INSPECTION.

TABLE 4. The number of children medically examined during 1940, is practically the same as in a normal year. In the case of secondary schools, there is some decline because of the evacuation of those situated in the coastal zone of the County and on the Thames estuary.

TABLE 5. *Nutrition.* This table cannot be said to remove any forebodings with regard to the possible deterioration of the children's nutrition during war conditions. Category "C," or slightly below normal, shows a small increase which may or may not be significant, while category "D" or bad nutrition gives 0.9% instead of half this amount. This category, however, is based on relatively small numbers and is liable to large fluctuations. It can, therefore, be hoped with some justification that there has been little or no real change. Agricultural wages have been increased by 40%, and this change should help the rural districts very materially.

Reference was made in last year's report to the proposal for a modified nutrition survey, embracing only dull and backward children. This has been carried out with the following result :—

	Roll.	No. of Backward Children presented.	No. with defects sufficient to explain the backwardness.	No. believed to be suffering from lack of food and backward for this reason.
"NATIVE."	51,017	4,796 (9.4)	3,118 (65.1)	1,653 (34.5)
"EVACUEE."	3,965	180 (4.6)	140 (77.8)	37 (20.6)

The figures in brackets are percentages.



The detailed figures from which these totals are derived show that the results are much the same in urban and in rural districts and that on the whole the various doctors obtain comparable results. Ten per cent. of the children are considered to be dull and backward by the teaching staff, and of this ten per cent. one third may be backward owing to lack of sufficient food. The evacuees compare favourably with native children. Perhaps the same can be said where Kent children have gone.

Children believed to be suffering from lack of food are distributed fairly evenly throughout the administrative area so that there are never very many in one place. It has not been possible to investigate individual cases in detail, and this should be provided for as soon as it can be. It seems likely that lack of food is most often due to lack of intelligence in the home and can only be met by the provision of meals at school. How to provide dinners for odd children at small rural schools, and this without undesirable publicity, is a difficult problem in the absence of canteens.

The improvement in the nutrition of evacuees as measured in terms of growth is so obvious in many instances that statistics are superfluous. Some confirmatory investigations have been made here and there in the case of London children where records of heights and weights before evacuation are available. Many of these children come from good homes where they have habitually received every care and yet the change of environment, physical and psychological, has proved itself most beneficial. It suggests that the establishment of some system of periodic billeting or its equivalent as a permanent feature of social organisation, at least of the great towns, would be no bad thing. An exchange of children might sometimes be possible, with advantages on both sides. It is to be feared, however, that the number of suitable billets would be insufficient, and the main effort would have to be in the direction of School-Camps.

TABLE 7 has not been reproduced except for the one item required by the Board of Education, though it has been completed for office records. It shows the number of "exceptional children" in the area, including the blind and deaf, and how they are being dealt with. The numbers vary little from those of past years. There are five children in school, technically 'partially blind,' using hand lenses, instead of having their educational curriculum restricted, and five children partially deaf using deaf aids with success.

## MEDICAL TREATMENT.

TABLE 6. Group I. of this table concerns minor ailments, and shows a diminution, but so slight that it is unlikely to be real.

Group II. shows that attention to defects of vision has been more than maintained, 3,846 defects having received attention compared with 3,391 in the last pre-war report.

Group III. shows a diminution of more than one third in the total number of operations for tonsils and adenoids. At the end of the year, many hospitals had a long waiting list of children requiring operation.

Group IV. The maintenance of the output of dental work is an eloquent comment on the attitude of parents towards air-raids for there may be anything up to eight warnings a day at some centres.

The Committee's dental scheme does not provide for the treatment of pupils at schools for further education, but in view of the large number of requests for treatment resulting from inspections at these schools it is clear that formal provision is desirable, though the existing staff is endeavouring to include this work in the ordinary routine.

Abstracts from the Senior Dental Surgeon's report are given below :

" The Dental Inspection of pupils in attendance at Schools for Further Education was begun in May, and has been highly appreciated by the heads of the schools and the parents. The total number of pupils inspected was 13,978 native, and 957 evacuees (excluding Chatham Day Technical School for Girls) ; of this number 65.68% and 71.05% respectively were found to require treatment. 1,185 made a special application for the treatment to be done at the Committee's dental centres. 103 $\frac{2}{3}$  sessions were devoted to inspections and 401 $\frac{1}{4}$  sessions to the treatment of 1,121 individual pupils (of whom 973 have had their treatment completed).

" There are obviously many parents whose children attend secondary schools who cannot afford treatment by private practitioners, but who do not take advantage of the facilities offered by the Committee. This is very marked in some of the schools in my area, while at others it appears the rule rather than the exception to attend the clinic. From my observations I imagine this is due to a curious form of snobbery either on the part of the parents or, more frequently, of the children themselves. The results of course are deplorable, many of the pupils at these schools present an appalling amount of gross oral sepsis."

" An interesting feature of the work has been the treatment of evacuees. Their attendance at a clinic is certain—the Head of the School tells them to come, and they attend. Another is that eighty or more orphanage children showed an exceptionally good and healthy dentition, probably due to the provision of plain food, no sweets, and to regular dental attention."

" During 1940, two fillings were inserted more than in 1938, when the total exceeded 22,000. The appended statistics show the average daily output for the whole of the administrative area, together with *attendances* under the County Council Maternity and Child Welfare Dental Scheme :

	<i>Attendances.</i>	<i>Completely Treated.</i>	<i>New Cases.</i>	<i>Extractions.</i>	<i>Fillings.</i>	<i>Inspected.</i>
Higher ...	16.72	4.80	5.52	4.48	17.36	274.86
Elem. ...	15.12	6.40	7.76	12.80	9.76	209.76
Combined ...	15.24	6.32	7.56	12.24	10.32	220.78
M.C.W.	15.20					

Group V. The nurses have been able to make more visits to schools, but appreciably fewer children have been found in an unclean condition.

*Speech Clinics.*—Dr. Stableforth has supplied the following table, summarising the work at the Dartford and Chislehurst centres :—

Total number of cases treated	...	...	...	...	...	...	...	96
Number of cases discharged as cured	...	...	...	...	...	...	...	46
Number of cases dismissed through evacuation or non-attendance	...	...	...	...	...	...	...	9
Number of cases now attending	...	...	...	...	...	...	...	41
Number of cases referred for physical treatment	...	...	...	...	...	...	...	13
Number of cases referred for psychological treatment	...	...	...	...	...	...	...	3
Number of stammerers treated	...	...	...	...	...	...	...	20
Number of lisps	...	...	...	...	...	...	...	16
Number of lallers	...	...	...	...	...	...	...	31
Number of cleft palates	...	...	...	...	...	...	...	8
Number of developmental dysarthrias (confused laterality)	...	...	...	...	...	...	...	4
Post-adenoidal cases	...	...	...	...	...	...	...	3
Functional palatal paresis	...	...	...	...	...	...	...	1
Organic deafness	...	...	...	...	...	...	...	2
Dialect error	...	...	...	...	...	...	...	1
Diplegia	...	...	...	...	...	...	...	2
Number of undeveloped speech cases	...	...	...	...	...	...	...	8

Mention is made of the importance of beginning treatment at an early age, and hence of the satisfactory results of having concentrated more than hitherto on the Infant schools.

### EAR, NOSE AND THROAT CLINICS.

The scheme for the treatment of Ear, Nose and Throat defects has been continued as in former years, and although evacuation and other difficulties affected the number of attendances from time to time it has been possible to carry on all the centres as before and the scope of the service has in no way been impaired.

Children received into the County from other areas are granted the same assistance and facilities for treatment, and it is encouraging that their temporary guardians have taken advantage of these and a high percentage of acceptances has been obtained.

Tables are appended.

#### CASES OF OTITIS MEDIA.

New cases	...	...	...	...	...	...	221
Total attendances	...	...	...	...	...	...	1,096
Cases cured	...	...	...	...	...	...	138
Still under treatment	...	...	...	...	...	...	67
No treatment required	...	...	...	...	...	...	50
Lapsed	...	...	...	...	...	...	49

#### NASAL CASES.

Total cases	...	...	...	...	...	...	341
Total attendances	...	...	...	...	...	...	661
Cured	...	...	...	...	...	...	61
Still under treatment	...	...	...	...	...	...	51
No treatment required	...	...	...	...	...	...	20
Lapsed	...	...	...	...	...	...	38

#### HARD OF HEARING CASES.

New cases	...	...	...	...	...	...	139
Total attendances	...	...	...	...	...	...	612
Cases cured	...	...	...	...	...	...	91
Partially relieved	...	...	...	...	...	...	25
Cases unrelieved	...	...	...	...	...	...	24
No treatment required	...	...	...	...	...	...	19
Lapsed	...	...	...	...	...	...	36

#### TONSIL AND ADENOID CASES.

Total examinations	...	...	...	...	...	...	166
Cases requiring treatment	...	...	...	...	...	...	96
No treatment required	...	...	...	...	...	...	70

Total Attendances	...	...	...	...	...	...	2,535
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### PROVISION OF MEALS.

Upon the outbreak of War, all schools were closed for a time, but in rural reception areas, canteens began work immediately upon the reopening of the schools, and in many instances evacuated as well as native children were provided with meals. In neutral and urban reception areas, schools were open for limited numbers only until the shelters were completed, and at these schools it was not found possible for canteens to resume work till the schools reopened for full-time education. In evacuation areas, it seemed unlikely that numbers in attendance at the schools would justify reopening for a considerable time, and kitchen staffs had to be dispensed with. A few of these canteens were, however, reopened later in the year.

Before the outbreak of War, the Government made Local Authorities in reception areas the responsible authorities for organising Communal Feeding Centres for providing meals (on payment) for children and evacuated mothers with children.



In Circular 1484, the Board of Education transferred responsibility for this work from the Local Authority to the Local Education Authority. As a result the Committee took over some 16 feeding centres.

During the year ended 31st March, 1940, the number of meals provided in the canteens was 879,634, which was nearly 200,000 fewer than in the preceding year. This fall is, of course, accounted for by the reasons given in the first paragraph. The number of native children normally fed during the year was nearly 6,200 with, in addition, 1,829 children billeted under the Government scheme.

Apart from solid meals, 711 billeted children were provided with 72,254 milk meals during the same period. The number of milk meals provided for these children has since been considerably reduced by re-evacuation. The following figures, which include native children, relate to the month of November, 1940.

No. of children receiving milk :—

					<i>Free.</i>	<i>For payment.</i>
Native	...	...	...	...	3,202	29,371
Billeted	...	...	...	...	242	2,147

Rising prices and food rationing have made catering in the canteens difficult, but they are registered as catering establishments, and are entitled to the allowances of rationed foods for such establishments. The Committee are trying to respond to the Government appeal by maintaining this service of communal feeding of school children in spite of the difficulties, and it is also hoped to be able to open new centres during 1941. There is a growing demand for such facilities from parents of the children.

As regards milk, serious difficulties were experienced towards the end of the year in maintaining the Committee's arrangements. This was due to the shortage of milk mainly, though there were also other difficulties of distribution which still exist, viz. the shortage of bottles, of transport and of labour. Since the year ended, there has been an improvement in the position so far as the availability of supplies of milk is concerned, but recovery had not, at the time of the preparation of this report, been fully realised in other directions.

## MILK IN SCHOOLS.

### PATHOLOGIST'S REPORT.

On the whole the milk supplies to schools have shown a slight improvement as regards bacteriological cleanliness as compared with 1939. It is very satisfactory to note the reduction in the number of tubercle infected school milks as shown in Table 1, and it is to be noted too, that no tubercle bacilli were recovered from any of the pasteurised supplies.

TABLE 1.—*Showing results of biological tests on School milks during the years 1937, 1938, 1939 and 1940.*

		1937	1938	1939	1940
Raw Milks	{ No. Examined. ... ..	440	419	372	304
	{ No. Positive for tubercle bacilli	25	21	28	17
	{ Per cent. Positive for tubercle bacilli ... ..	5.64	5.01	7.5	5.59
Pasteurised Milks.	{ No. Examined ... ..	93	84	113	98
	{ No. Positive for tubercle bacilli	0	1	3*	0
	{ Per cent. Positive for tubercle bacilli ... ..	0	1.19	2.6	0

\* Of these, one supply is subjected to "Flash" pasteurisation only, and in another the supply made to the school may have been raw milk.

TABLE 2.—*Showing the results of Counting Tests on Samples of School Milks taken during three terms of 1940.*

SPRING TERM, 1940.

Organisms per c.c.	Pasteurised.	Ordinary.	All Milks.
Over 500,000 ... ..	6	3	9
200,000—500,000 ... ..	14	4	18
Total Milks failing to pass Test	20	7	27
50,000—200,000 ... ..	21	20	41
10,000—50,000 ... ..	68	47	115
1,000—10,000 ... ..	86	62	148
Under 1,000 ... ..	33	13	46
Total Milks passing Test	208	142	350
TOTAL ... ..	228	149	377

SUMMER TERM, 1940.

Over 500,000 ... ..	3	9	12
200,000—500,000 ... ..	7	13	20
Total Milks failing to pass Test	10	22	32
50,000—200,000 ... ..	46	21	67
10,000—50,000 ... ..	103	54	157
1,000—10,000 ... ..	97	66	163
Under 1,000 ... ..	27	17	44
Total Milks passing Test	273	158	431
TOTAL ... ..	283	180	463

AUTUMN TERM, 1940.

Over 500,000 ... ..	3	7	10
200,000—500,000 ... ..	5	3	8
Total Milks failing to pass Test	8	10	18
50,000—200,000 ... ..	25	22	47
10,000—50,000 ... ..	60	37	97
1,000—10,000 ... ..	104	60	164
Under 1,000 ... ..	25	15	40
Total Milks passing Test	214	134	348
TOTAL ... ..	222	144	366

TABLE 3.—*Total School Supplies for the Year 1940.*  
*(With corresponding figures for 1939).*

Term.	PASTEURISED.				ORDINARY.				ALL MILKS.	
	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.
SPRING, 1939 ... 1940 ...	13 (4.28%) 20 (8.77%)	291 (95.72%) 208 (91.23%)	20 (8.0%) 7 (4.7%)	230 (92.0%) 142 (95.3%)	33 (5.96%) 27 (7.16%)	521 (94.04%) 350 (92.84%)				
SUMMER, 1939 ... 1940 ...	24 (7.9%) 10 (3.53%)	280 (92.1%) 273 (96.47%)	28 (12.61%) 22 (12.2%)	194 (87.39%) 158 (87.8%)	52 (9.89%) 32 (6.91%)	474 (90.11%) 431 (92.09%)				
AUTUMN, 1939 ... 1940 ...	5 (2.2%) 8 (3.6%)	222 (97.8%) 214 (96.4%)	26 (13.47%) 10 (6.94%)	167 (86.53%) 134 (93.06%)	31 (7.38%) 18 (4.92%)	389 (92.62%) 348 (95.08%)				
TOTAL, 1939 ... 1940 ...	42 (5.03%) 38 (5.18%)	793 (94.97%) 695 (94.82%)	74 (11.13%) 39 (8.24%)	591 (88.87%) 434 (91.76%)	116 (7.73%) 77 (6.4%)	1,384 (92.27%) 1,129 (93.6%)				



## CO-OPERATION OF VOLUNTARY BODIES.

The Kent Voluntary Association for Mental Welfare report that 396 cases of mental defects were under supervision at the end of the year, as compared with 428 the year before. Ten children entered residential special schools and four entered homes. 42 cases were removed from the list on reaching the age of 19. 37 new cases were received. The Committee made a contribution of £440 to the Association.

## CARE OF DELICATE CHILDREN.

The Kent Council of Social Service report that action has been taken in respect of 6,714 children, of whom 2,814 were referred to the Council for the first time in 1940. The Council's work for the Committee consists largely of care and supervision of children referred by the School Medical Service and others. The details of this work cannot be summarised adequately in the space available.

The expenditure on ancillary nourishment has been at the average rate of £56 per month, and administrative costs are estimated at £485 for the period ending March 31st, 1941, including expenses arising from "following-up."

At the meeting in January, 1940 the Committee formally adopted Section 84 of the Education Act, 1921, whereby they are empowered to spend money out of the rates for providing meals for necessitous children. The provision of free milk, and the provision of ancillary nourishment by the Kent Council of Social Service need no longer, therefore, be a charge on the School Medical Service, and at the meeting named, the charge was transferred to Provision of Meals.

## BEHAVIOUR CLINICS.

For parts of the County from which they are accessible, Guy's Hospital and the West End Hospital for Nervous Disease are relied upon for giving advice with regard to children presenting psychological problems. There is in addition a clinic at Ashford where psychological problems are investigated by Dr. Roberts, an Assistant School Medical Officer with special experience in the work. This work is growing in importance as the benefits derived therefrom become more clearly manifest, and its extension can now be advised without misgiving.

## NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year the following cases were dealt with :—

<i>Branch</i>				<i>No. of Children.</i>	<i>Visits Made.</i>
Ashford ...	...	...	...	37	104
Bexley Heath ...	...	...	...	14	28
Bromley ...	...	...	...	28	48
Canterbury ...	...	...	...	71	178
South-East Kent ...	...	...	...	29	49
Gravesend ...	...	...	...	14	33
Isle of Thanet ...	...	...	...	16	54
Maidstone ...	...	...	...	17	70
Rochester ...	...	...	...	34	34
West Kent ...	...	...	...	24	70
Woolwich ...	...	...	...	10	6

The Committee made a contribution of £26 5s. 0d. to the Society.

## MISCELLANEOUS.

During the year 24 assistant mistresses, masters, etc., were medically examined at County Hall, Maidstone.

NECESSITOUS CASES: During 1940, the Committee gave assistance to the undermentioned necessitous cases :—

Provision of travelling expenses...	...	205 cases.
Provision of spectacles	...	207 cases.

TABLE 4  
(BOARD OF EDUCATION TABLE 1, WAR EDITION).

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants ... ..	9,534
Second Age Group ... ..	8,500
Third Age Group ... ..	8,059
Total ... ..	26,093
Number of other Routine Inspections ... ..	—
Grand Total ... ..	26,093

B.—Other Inspections.

Number of Special Inspections and Re-Inspections ... ..	31,547
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TABLE 5  
(BOARD OF EDUCATION TABLE 2, WAR EDITION).

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups, year ended December 31st, 1940.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ... ..	9,534	1,020	10.7	7,459	78.2	1,007	10.6	48	0.5
Second Age-group ...	8,500	1,223	14.4	6,047	71.1	1,143	13.5	87	1.0
Third Age-group... ..	8,059	1,398	17.4	5,730	71.1	840	10.4	91	1.1
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL ... ..	26,093	3,641	14.0	19,236	73.7	2,990	11.4	226	0.9

TABLE 6.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH  
SEE GROUP V.).

(BOARD OF EDUCATION TABLES 3, 4 and 5).

*Total Number of Defects treated or under treatment during the year under the  
Authority Scheme 2995.*

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS  
TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). ... ..	3,846	54	3,900
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	—	—	—
Total ... ..	3,846	54	3,900
No. of Children for whom spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed ... ..	1,561	20	1,581
(b) Obtained) ... ..	1,229	20	1,249

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
825	287	—	1,112

NOTE.—The figures given in the above Groups I., II. and III. relate to the period ended  
30th June, 1940. The figures in the following tables (Groups IV. and V.)  
relate to the period 1st January, 1940, to 31st December, 1940.



GROUP IV.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :					
		AGE		Number	
		5	...	3,958	} Total 53,728
		6	...	4,698	
		7	...	5,561	
		8	...	6,371	
		9	...	6,489	
(a) Routine Age Groups...	...	10	...	6,573	
		11	...	6,579	
		12	...	5,890	
		13	...	5,461	
		14	...	1,851	
		15	...	297	
(b) Specials	...	...	...	3,182	
(c) TOTAL (Routine and Specials)	...	...	...	56,910	
(2) Number found to require treatment	...	...	...	36,018	
(3) Number actually treated...	...	...	...	19,875	
(4) Attendances made by children for treatment	...	...	...	38,873	
(5) Half-days devoted to	...	Inspection	...	539 $\frac{1}{4}$	} Total 5,672 $\frac{1}{2}$
	...	Treatment	...	5,133 $\frac{1}{4}$	
(6) Fillings	...	Permanent Teeth	...	20,194	} Total 22,461
	...	Temporary Teeth	...	2,267	
(7) Extractions	...	Permanent Teeth	...	6,283	} Total 33,016
	...	Temporary Teeth	...	26,733	
(8) Administrations of general anæsthetics for extractions	...	...	...	660	
(9) Other operations	...	Permanent Teeth	...	4,668	} Total 7,112
	...	Temporary Teeth	...	2,444	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	6.7
(ii)	Total number of examinations of children in the Schools by School Nurses	208,923
(iii)	Number of individual children found unclean	3,406
(iv)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	—
(v)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1921	—
	(b) Under the School Attendance Byelaws	10

TABLE 7—*Blind and Deaf Children.*  
(BOARD OF EDUCATION TABLE 6).

	At Public Elementary Schools. (1)	At an Institution other than a Special School. (2)	At no School or Institution. (3)	Total not receiving suitable education. (4)
Blind Children	—	—	—	—
Deaf Children	—	—	1	1

*Mentally Defective Children.*

Total number of children notified during the year ending 31st December, 1940, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 ... .. 35.

Table 8 (Board of Education Table I).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY  
TRADES AND PRIVATE SCHOOLS.

Number of Children Inspected 1st January, 1940, to 31st December, 1940.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	5	6	7	8	9	10	11	12
Number examined ... ..	8	13	20	34	100	158	914	561

Age.	13	14	15	16	17	18	19	Totals.
Number Examined ... ..	553	2,774	516	1,799	130	35	5	7,620

B.—Other Inspections.

Number of Special Inspections and Re-Inspections ... ..	5,690
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TABLE 9

(BOARD OF EDUCATION TABLE 2, WAR EDITION).

Classification of the Nutrition of Children Inspected during the year in the Routine  
Age Groups, year ended December 31st 1940.

Year of Birth	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
1929 ... ..	914	117	13	714	78	83	9	—	—
1926 ... ..	2,774	555	20	2,071	75	147	5	1	—
1924 ... ..	1,799	480	27	1,257	70	62	3	—	—
Other Ages ... ..	2,133	534	25	1,427	67	170	8	2	—
TOTAL ... ..	7,620	1,686	22	5,469	72	462	6	3	—

TABLE 10.

## GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

*Total Number of Defects treated or under treatment during the year under the Authority Scheme, NIL.*

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). ... ..	727	163	890
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	—	—	—
Total ... ..	727	163	890
	Under the Authority's Scheme.	Otherwise.	Total.
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ... ..	326	80	406
(b) Obtained ... ..	312	79	391

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
24	22	—	46

NOTE.—The figures given in the above Groups relate to the period ended 30th June, 1940.





